

MOUNTAIN VIEW HOSPITAL CONTINUING CARE PROVIDER #: 465136 FACILITY BEDS TYPE ACTION: RECERTIFICATION
1000 EAST 100 NORTH PHONE NUMBER: (801) 465-7222 TOTAL: 16
PAYSON UT 84651 PARTICIPATION DATE: 12/10/1993 CERTIFIED: 16 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 04/19/2005	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 16			
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TOTAL: 10	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 9	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID: 0		16			
OTHER: 1					

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
08/2002		05/2003		05/2004		04/19/2005			
X	D								REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
		X	D						REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
X	D								REQ F0495-COMPETENCY OF NURSE AIDES WHO WORKED LESS THAN 4
		X	D						REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

EDITION OF LSC APPLIED

85 NEW PRIOR 3 SURVEY	85 NEW PRIOR 2 SURVEY	2000 EXIS PRIOR 1 SURVEY	2000 EXIS CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
08/2002	05/2003	05/2004	04/14/2005		
X					K0021-DOORS IN FIRE AND SMOKE PARTITIONS
	X				K0039-CORRIDOR WIDTH
		X P	04/15/2005		K0052-TESTING OF FIRE ALARM
		X C	05/15/2005		K0064-PORTABLE FIRE EXTINGUISHERS
X					K0130-OTHER
		X			K0144-GENERATRS INSPECTED/TESTED

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	0	0	2	2
HEALTH TOTAL	0	0	2	2
LIFE SAFETY CODE	2	1	1	2
LIFE SAFETY CODE + HEALTH	2	1	3	4

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY